

Health Communication Research in Europe: An Emerging Field

There are at least five aspects that can serve as indicators of the establishment of a scholarly discipline: (a) the existence of journals devoted to the field, (b) the existence of scholarly associations, (c) the creation of departments, institutes and academic positions by universities, (d) the foundation of study programs, and (e) the publication of textbooks. If these criteria are applied, Health Communication has been an established discipline in the USA for years. As to journals, *Health Communication* has entered its third decade last year – its first issue appeared in 1989, and the celebration of its 100th issue is the occasion for this brief review. The *Journal of Health Communication* entered the field seven years later, in 1996, and the first issue of the *Journal of Health & Mass Communication* has just appeared. As to associations, the International Communication Association (ICA, strictly speaking not a U.S. association, but under heavy influence of U.S. scholars) has had a health communication division since 1975, with a forerunner reaching three more years into the past. The history of the Speech Communication Association's (SCA, now the National Communication Association, NCA) health communication division reaches back to 1985. At the same time, the mid-eighties, scholarly conferences on health communication began to be held and multiplied. Teaching and study programs followed suit, as did textbooks such as Kreps and Thornton's 1984 *Health Communication: Theory and Practice*, Sharf's *The Physician's Guide to Better Communication* from the same year, and Northouse and Northouse's *Health Communication: A Handbook for Professionals*, published a year later (Kreps, Bonaguro, & Query, J. L., 1998). So the 1980's are the decade that witnessed the establishment of an academic field called "Health Communication" in the USA.

The situation in Europe was different, and still is. Although the field of health communication has gained profile in Europe also, it still is, if the above criteria are applied, in its infant stage.

a) Journals

It is nowadays not so easy to define an "European" journal. If the work place of the editor and the journal's origins are taken into account, the only European academic journal in the field of health communication to date is *Communication & Medicine*, published by Equinox. Its editor, Srikant Sarangi, works at Cardiff University in the United Kingdom. It is committed to the linguistic analysis of health communication and names as its aim to "consolidate different traditions of discourse and communication research in its commitment to an understanding of psychosocial, cultural and ethical aspects of healthcare in contemporary societies." It also has to be mentioned that the *Journal of Health Communication* is not quite as American as suggested above. Its editor, Scott Ratzan, worked in Belgium for many years, and it was there that he began to publish the journal. In addition there are a few other European there are a few other medical journals that have in recent

years increasingly addressed issues of health communication. The most prominent, perhaps, is *Patient, Education & Counseling*, the official publication of the European Association for Communication in Health Care (EACH) and its sister organization, the American Association of Communication & Healthcare. Contributions published in this journals almost exclusively deal with subjects in doctor-patient communication.

b) Scholarly Associations

That health communication in Europe is still in an early stage of its development can be revealed by a look into scholarly associations. There are two communication associations on a European level -- the European Communication Research and Education Association (ECREA), founded in 2005 when three older associations joined, and the International Association for Media and Communication Research (IAMCR), in existence since 1957, and not restricted by far to European scholars, but with strong roots there. While ECREA has not established a division on health communication yet, IAMCR founded a new working group, Health Communication and Change, in the summer of 2008. This group met for the second time during the 2010 Conference in Braga, Portugal. (Website: <http://iamcr.org/s-wg/mcpc/hco/572-braga-2010-hco-cfp>). It focuses on “the theoretical and conceptual re-thinking of health communication moving it beyond the discipline of behaviour change communication and into a broader multi-disciplinary realm of communication with emphasis on social change.”

ECREA (<http://www.ecrea.eu/>), in spite of its very young age as an organization, already unites 17 different thematic sections. There is, however, none yet devoted to health communication. One reason for this is that, despite a growing number of academics who publish in the field, there are as yet hardly any academic positions devoted explicitly and exclusively to the area.

Another association that joins academics from different disciplines – there are some communication scientists, but members at home in the neighboring fields such as linguistics and medicine predominate – is the COMET Society (Communication, Medicine & Ethics) (<http://www.cometsociety.com/>). It sprang from annual conferences held since 2003. COMET Society was officially launched at the 5th COMET conference at Lugano (Switzerland) in 2007. In some European countries there are national scholarly associations for communication sciences, but none of them to date has a section on health communication.

Whereas the associations mentioned belong to communication research in a wide sense, scholars coming from medical disciplines such as health psychology have also joined forces in associations devoted to the study of health communication in general and communication between health care providers and patients or clients in particular. The most important among these associations in Europe needs to be mentioned -- the European Association for Communication in Healthcare (EACH). It was officially launched in 2001 as the first multidisciplinary organization for researchers, teachers and health professionals who all acknowledge the necessity and therapeutic value of high quality communication in healthcare. Starting off as a small group of thirteen members from eight countries, EACH

soon developed into a flourishing small-scale organization with around 500 members. To be certain, mass communication studies play a minor part only in the activities of EACH, most of which take up classic research on interpersonal communication from the area of speech communication.

c) Departments, Institutes and Academic Positions by Universities

In recent years, health communication has increasingly moved into the focus of universities. Disregarding the related neighboring field of public health, centers for work in health communication have evolved in various European countries in recent years. Among the first of these centers the Health Communication Research Centre at Cardiff University, UK, would have to be named. It was founded early in 2000 (<http://cardiff.ac.uk/encap/research/hcrc/index.html>). It is likely not a coincidence that this early research center emerged in a School of English, Communication and Philosophy, that is to say: in a humanities context; there is a tradition of research on doctor-patient communication) in the field of linguistics in Europe that reaches further back than the recent establishment of institutions devoted to health communication. This is one of the reasons why a number of European health communication groups in the last five to ten years were founded mostly within linguistic or other humanities faculties, including in the UK in Nottingham, in Schweden at the University Linköping, in Norway at the Department for Language and Communication Studies at the Norwegian University of Science and Technology in Trondheim, in Denmark at Roskilde University, in Germany at the University of Bielefeld, the Ludwig-Maximilians University Munich, in Berlin at the Hochschule für Technik und Wirtschaft (Applied University), and finally in Austria at the University of Vienna.

Beyond a context of communication science, there are – primarily within the field of medical sciences – a myriad of centers that work on issues of communication, especially doctor-patient conversation. They cannot all be mentioned here, but the Netherlands Institute for Health Services Research (<http://www.nivel.eu/>), active for a longer time and producing a large variety of approaches and results on communication in health care, shall be mentioned to represent similar institutions across Europe.

These health communication groups may be considered the heralds of something certain to come in the next years: professorial positions devoted explicitly to the field of health communication. That is what we all have to wait for before we can speak of the establishment of the field of health communication. So far, there have not been such positions, with Cardiff as an exception, and also the Institute of Communication & Health in the Faculty of Communication Sciences at the Università della Svizzera Italiana in Lugano, in Switzerland. These two institutions will not long remain exclusive, as some of the most important departments of communication sciences in Europe plan to establish professorships in health communication. Such plans exist in Munich and also at the Communication Department at the University of Amsterdam. Professorial positions situated in or affiliated with communication departments will undoubtedly strengthen a communication and social science

approach to health communication and complement the traditional linguistic approach to the field in Europe.

d) Study Programs

Disregarding departments of public health that offer courses in health communication, there are, as far as I can see, but very few proper study programs in health communication in Europe that take a decidedly communication science perspective to the issues of the field. There is, though, a summer school for graduate students in Cardiff, primarily addressed to young scholars working on linguistic studies in health communication, and there is a graduate school in Lugano, operated in collaboration with three other Swiss universities (www.comhealth.ch). A master's degree in health communication can be obtained in only a few academic institutions. Among existing programs are courses in the field of health communication and management (Berlin, London - School of Economics, Lugano, Milano-Bocconi, and Paris). It is, however, to be expected that the number of bachelor and master programs will multiply in the near future. It also took years before the USA developed the plurality of study programs in the field that we know today.

e) Textbooks

European scholars entering the field of health communication do it by reading U.S. textbooks, such as Teresa L. Thompson's and her colleagues' *Handbook of Health Communication*. Europeans turn to U.S. publications because their own continent has as yet not much to offer in this area. This, however, has also begun to change. A landmark in this change comes from Germany, where Klaus Hurrelmann and Anja Leppin published their *Moderne Gesundheitskommunikation* in 2001. Europeans who read German can also greatly benefit from a network on media and health communication, operated since 2003 by Eva Baumann, Claudia Lampert and Constanze Rossmann (<http://www.netzwerk-gesundheitskommunikation.de/>). The network organizes conferences and publishes a newsletter. It is thus more than a publication; rather it looks like a scholarly organization in nascent stage.

Conclusion

The development of a research discipline usually takes a lot of time. Many years pass by before professorial positions are established, study programs are begun, or associations are

founded. In light of this, it is remarkable how fast the field of health communication has developed in Europe in recent years, a development that will accelerate if pertinent observations do not lie. A major contribution to the European development was provided by the people and the institutions in the USA, for instance, by the establishment and availability of the journal *Health Communication*. Three factors are likely to be contributing to the further establishment of the field as an academic discipline in Europe. It is first to be mentioned that the area of the study of the media as well as campaigns and their effects will find increasing attention, within academia and without. No matter whether the effects of the mass media or of health campaigns are considered, one is certainly no longer inclined to leave their design to the fantasy and creativity of agencies, as was often done in the past. It is rather to be hoped and expected that the field of social marketing will be professionalized, which can only happen if knowledge in health sciences and theories of media effects is spread. Second, an increasing interest in the study of social networks in health care and the use of high-tech communication tools and e-consultations can be observed. And finally, it can be expected that the field of medical communication will considerably gain in importance in the future. Some indicators point to that. For once, it is exactly the area where the much-debated "missing link" between health and communication can be found (Pettegrew, 1988). Furthermore, studies on doctor-patient conversation open up a wide field of researching particular positive outcomes of effective communication. Such communication is, for instance, ascribed a crucial clinical function: not only does the lion's share of diagnostic information come from these talks, but the patient's satisfaction and his or her adherence to therapy are contingent on the doctor's interpersonal skills, which thus also affect health outcomes in patients. Finally, growing discontent with the medical profession and its representatives is, at least in part, triggered by deficiencies in clinical communication.

Due to the availability of a large amount of medical information, studies on the exchange and the perception of the value of this information will become increasingly important. And not only this, but also (and maybe primarily so) will the demands on physicians' communication skills and thus studies on the outcomes of doctor-patient communication become increasingly important. Consequently, medical faculties in different European countries have recently begun to include communication skills in the training programs for physicians, on both undergraduate and graduate levels. As regards to the German-speaking countries, such inter- and intrapersonal skills – teamwork, personal and professional development, or dealing with uncertainty – have even been defined as core competencies for medical school graduates (Kiessling et al., 2010). In defining which communication skills are to be included in the training of young physicians, decisions are informed by publications such as the Toronto Consensus Statement (Simpson et al., 1991) and the Kalamazoo Consensus Statement I (Makoul et al., 2001). It can be expected that the three points mentioned will serve as catalysts for the further development of the field in Europe.

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